

EXHIBIT “A”

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

[X]

[X]

[X]

[X]

Revised

Fatality

Hit and Run

Y N

[X]

[X]

[X]

[X]

(1) Reporting Agency		Case Number (Agency Use)	
OKLAHOMA HIGHWAY PATROL		AR00519-15	
(2) Date of Collision (mm/dd/yyyy)		Time	
03/14/2015		2341	
(3) Distance from Nearest City or Town Limits		County Number and Name	
14		CLEVELAND	
(4) Street, Road or Highway		Nearest City or Town Number and Name	
INTERSTATE 35 NORTH		10 MOORE	
(5) Unit		Occupants	
01		02	
(6) Address		City	
[REDACTED]		NORMAN	
(7) Driver License Number		State	
[REDACTED]		OK	
(8) Ejected		Extricated	
5		1	
(9) VIN		Vehicle Year	
JF1GPAL69DH204812		2013	
(10) Insurance Company Name		Policy Number	
3 STATE FARM MUTUAL AUTOMOBILE INS CO		[REDACTED]	
(11) Vehicle Removed by		Owner's Last Name	
AMERICAN TOWING		OTTIS	
(12) Owner's Address		City	
[REDACTED]		NORMAN	
(13) Citation Number		Statute/Ordinance Number	
[REDACTED]		[REDACTED]	
(14) Unit		Occupants	
02		02	
(15) Address		City	
[REDACTED]		SAN ANTONIO	
(16) Driver License Number		State	
02600307		TX	
(17) Ejected		Extricated	
1		1	
(18) VIN		Vehicle Year	
1FADP3F29DL372969		2013	
(19) Insurance Company Name		Policy Number	
3 GEICO		[REDACTED]	
(20) Vehicle Removed by		Owner's Last Name	
COWPOKES		GARCIA	
(21) Owner's Address		City	
[REDACTED]		SAN ANTONIO	
(22) Citation Number		Statute/Ordinance Number	
[REDACTED]		[REDACTED]	
(23) Investigating Officer		Badge Number	
Jason Owens		794	
(24) Unit Type		Injury Severity	
0 Driver		1 No Injury	
(25) Driver/Pedestrian Condition		Type of Injury	
00 Not Applicable		0 N/A	
(26) Occupant Protection (OP) in Use		Air Bag Deployed	
05 Child Restraint Type Unknown		0 Not Deployed	
(27) Towed Vehicle Type		Type of Damage	
08 Stock Trailer		0 N/A	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

Case Number AR00519-15

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(24) Unit	Injured <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
01		13	NG	JEREMY	HOI		1993	M
(25) Same as Driver	Address City State Zip Telephone (Use Area Code)							
	NORMAN OK 73071							
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
2	5	04	5	1	1	REFUSED		
(27) Unit	Injured <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
02		13	TYLER	DALANA	LEFANN		1975	F
(28) Same as Driver	Address City State Zip Telephone (Use Area Code)							
	NINNEKAH OK 73067							
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
4	3,5	04	2	1	1	MIDWEST	OU MEDICAL	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	SUTER	ROBERT	JOSEPH		1988	M
(31) Same as Driver	Address City State Zip Telephone (Use Area Code)							
	OKLAHOMA CITY OK 73132							
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	SUTER	AMANDA	LYNN		1991	F
(34) Same as Driver	Address City State Zip Telephone (Use Area Code)							
	OKLAHOMA CITY OK 73132							
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR in excess of 10,000 lbs., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

(36) Unit	Carrier Name	Address	
(37) City	State	Zip	GVWR <input type="checkbox"/> 0-10K lbs. <input type="checkbox"/> 10,001-26K lbs. <input type="checkbox"/> 26K+ lbs.
(38) U.S. DOT Number	NAST Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	GVWR <input type="checkbox"/> 0-10K lbs. <input type="checkbox"/> 10,001-26K lbs. <input type="checkbox"/> 26K+ lbs.
(41) U.S. DOT Number	NAST Report Number	Placard Number	Haz. Mat. Class
	OK		

Position in Vehicle <p>00. Not Applicable 18. Front Row - Other 20. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 60. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor Semi-Trailer 11. Truck-Tractor Double 12. Truck-Tractor Triple 13. Bus/Large Van 8-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown</p>	Cargo Body Type <p>00. N/A</p> <p>01. Bus 9-15 seats 02. Bus 16+ seats 03. Van/Enclosed Box/Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown</p>
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Case Number AR00519-15

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 10

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	
Unit	Legal Speed			Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
This unit will correspond to 'Unit 1'	01	03	60				
This unit will correspond to 'Unit 2'	02	03	60				
Type of Work Zone		Location of the Work Zone Collision					
1 Lane Closure		1 Before the First Work Zone Warning Sign					
2 Lane Shift/Crossover		2 Advance Warning Area					
3 Work on Shoulder or Median		3 Transition Area					
4 Intermittent or Moving Work		4 Activity Area					
9 Unknown		9 Termination Area					
Workers Present		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Trafficway		Unit 1		Unit 2		Unsafe / Unlawful Contributing Factors	
4		4		80		98	
0 Not Applicable		0 Not Applicable		0 Not Applicable		0 Not Applicable	
1 One Way		1 One Way		1 One Way		1 One Way	
2 Two-Way - Not Divided		2 Two-Way - Not Divided		2 Two-Way - Not Divided		2 Two-Way - Not Divided	
3 Two-Way - Divided		3 Two-Way - Divided		3 Two-Way - Divided		3 Two-Way - Divided	
4 Two-Way - Divided - Positive Median Barrier		4 Two-Way - Divided - Positive Median Barrier		4 Two-Way - Divided - Positive Median Barrier		4 Two-Way - Divided - Positive Median Barrier	
5 Turn Lane		5 Turn Lane		5 Turn Lane		5 Turn Lane	
6 Ramp / Loop		6 Ramp / Loop		6 Ramp / Loop		6 Ramp / Loop	
7 Driveway		7 Driveway		7 Driveway		7 Driveway	
8 Alley / Parking Lot		8 Alley / Parking Lot		8 Alley / Parking Lot		8 Alley / Parking Lot	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Vehicle Removal		Unit 1		Unit 2		Vehicle Condition	
1		1		01		01	
0 Not Applicable		0 Not Applicable		0 Not Applicable		0 Not Applicable	
1 Towed Due to Vehicle Damage		1 Towed Due to Vehicle Damage		1 Towed Due to Vehicle Damage		1 Towed Due to Vehicle Damage	
2 Towed For Reasons Other Than Damage		2 Towed For Reasons Other Than Damage		2 Towed For Reasons Other Than Damage		2 Towed For Reasons Other Than Damage	
3 Remained at Scene		3 Remained at Scene		3 Remained at Scene		3 Remained at Scene	
4 Driven from Scene		4 Driven from Scene		4 Driven from Scene		4 Driven from Scene	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Vehicle Condition		Unit 1		Unit 2		Special Function of Vehicle	
01		01		00		00	
0 Not Applicable		0 Not Applicable		0 Not Applicable		0 Not Applicable	
1 Apparently Normal		1 Apparently Normal		1 Apparently Normal		1 Apparently Normal	
2 Brakes		2 Brakes		2 Brakes		2 Brakes	
3 Headlights		3 Headlights		3 Headlights		3 Headlights	
4 Steering		4 Steering		4 Steering		4 Steering	
5 Tail Lights		5 Tail Lights		5 Tail Lights		5 Tail Lights	
6 Brake Lights		6 Brake Lights		6 Brake Lights		6 Brake Lights	
7 Tires/Wheels		7 Tires/Wheels		7 Tires/Wheels		7 Tires/Wheels	
8 Suspension		8 Suspension		8 Suspension		8 Suspension	
9 Signal Lights		9 Signal Lights		9 Signal Lights		9 Signal Lights	
10 Windows		10 Windows		10 Windows		10 Windows	
11 Truck Coupling/Trailer Hitch/Safety Chains		11 Truck Coupling/Trailer Hitch/Safety Chains		11 Truck Coupling/Trailer Hitch/Safety Chains		11 Truck Coupling/Trailer Hitch/Safety Chains	
12 Mirrors		12 Mirrors		12 Mirrors		12 Mirrors	
13 Wipers		13 Wipers		13 Wipers		13 Wipers	
14 Power Train		14 Power Train		14 Power Train		14 Power Train	
Special Function of Vehicle		Unit 1		Unit 2		Road Character	
00		00		00		00	
0 Not Applicable		0 Not Applicable		0 Not Applicable		0 Not Applicable	
1 School Bus		1 School Bus		1 School Bus		1 School Bus	
2 Transit Bus		2 Transit Bus		2 Transit Bus		2 Transit Bus	
3 Intercity Bus		3 Intercity Bus		3 Intercity Bus		3 Intercity Bus	
4 Charter Bus		4 Charter Bus		4 Charter Bus		4 Charter Bus	
5 Other Bus		5 Other Bus		5 Other Bus		5 Other Bus	
6 Military		6 Military		6 Military		6 Military	
7 OHP		7 OHP		7 OHP		7 OHP	
8 Other Police		8 Other Police		8 Other Police		8 Other Police	
9 Other Law Enforcement		9 Other Law Enforcement		9 Other Law Enforcement		9 Other Law Enforcement	
10 Ambulance		10 Ambulance		10 Ambulance		10 Ambulance	
11 Fire Truck		11 Fire Truck		11 Fire Truck		11 Fire Truck	
12 Public Owned Vehicle		12 Public Owned Vehicle		12 Public Owned Vehicle		12 Public Owned Vehicle	
13 Highway Equipment		13 Highway Equipment		13 Highway Equipment		13 Highway Equipment	
14 Special Mobilized Machine		14 Special Mobilized Machine		14 Special Mobilized Machine		14 Special Mobilized Machine	
15 Other		15 Other		15 Other		15 Other	
Emergency Vehicle Responding to an Emergency		Unit 1		Unit 2		Road Surface Type	
0 N/A		0 N/A		0 N/A		0 N/A	
1 Yes		1 Yes		1 Yes		1 Yes	
2 No		2 No		2 No		2 No	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Point of First Contact on Vehicle		Unit 1		Unit 2		Most Damaged Area	
12		12		12		12	
13 Top		13 Top		13 Top		13 Top	
0 Not Applicable		0 Not Applicable		0 Not Applicable		0 Not Applicable	
14 Undercarriage		14 Undercarriage		14 Undercarriage		14 Undercarriage	
99 Unknown		99 Unknown		99 Unknown		99 Unknown	
Light		Unit 1		Unit 2		What Vehicle Was Going to Do	
3		01		01		01	
1 Daylight		1 Daylight		1 Daylight		1 Daylight	
2 Dark-Not Lighted		2 Dark-Not Lighted		2 Dark-Not Lighted		2 Dark-Not Lighted	
3 Dark-Lighted		3 Dark-Lighted		3 Dark-Lighted		3 Dark-Lighted	
4 Dawn		4 Dawn		4 Dawn		4 Dawn	
5 Dusk		5 Dusk		5 Dusk		5 Dusk	
6 Dark-Unknown		6 Dark-Unknown		6 Dark-Unknown		6 Dark-Unknown	
7 Lighting		7 Lighting		7 Lighting		7 Lighting	
8 Other		8 Other		8 Other		8 Other	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Weather		Unit 1		Unit 2		What Vehicle Did	
01		01		01		01	
01 Clear		01 Clear		01 Clear		01 Clear	
02 Fog/Smog/Smoke		02 Fog/Smog/Smoke		02 Fog/Smog/Smoke		02 Fog/Smog/Smoke	
03 Cloudy		03 Cloudy		03 Cloudy		03 Cloudy	
04 Rain		04 Rain		04 Rain		04 Rain	
05 Snow		05 Snow		05 Snow		05 Snow	
06 Sleet/Hail (Freezing Rain/Drizzle)		06 Sleet/Hail (Freezing Rain/Drizzle)		06 Sleet/Hail (Freezing Rain/Drizzle)		06 Sleet/Hail (Freezing Rain/Drizzle)	
07 Severe Crosswind		07 Severe Crosswind		07 Severe Crosswind		07 Severe Crosswind	
08 Blowing Snow		08 Blowing Snow		08 Blowing Snow		08 Blowing Snow	
09 Blowing Sand, Soil, Dirt		09 Blowing Sand, Soil, Dirt		09 Blowing Sand, Soil, Dirt		09 Blowing Sand, Soil, Dirt	
10 Other		10 Other		10 Other		10 Other	
99 Unknown		99 Unknown		99 Unknown		99 Unknown	
Locality		Unit 1		Unit 2		What Vehicle Did	
2		01		01		01	
1 Residential		1 Residential		1 Residential		1 Residential	
2 Business		2 Business		2 Business		2 Business	
3 Industrial		3 Industrial		3 Industrial		3 Industrial	
4 School		4 School		4 School		4 School	
5 Not Built-up		5 Not Built-up		5 Not Built-up		5 Not Built-up	
6 Mixed Use		6 Mixed Use		6 Mixed Use		6 Mixed Use	
7 Other		7 Other		7 Other		7 Other	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Type of Intersection		Unit 1		Unit 2		Visibility Obscured by	
0		00		00		00	
0 Not an Intersection		0 Not an Intersection		0 Not an Intersection		0 Not an Intersection	
1 Y-Intersection		1 Y-Intersection		1 Y-Intersection		1 Y-Intersection	
2 T-Intersection		2 T-Intersection		2 T-Intersection		2 T-Intersection	
3 Four-Way Intersection		3 Four-Way Intersection		3 Four-Way Intersection		3 Four-Way Intersection	
4 Five-Point or More Intersection as Part of Interchange		4 Five-Point or More Intersection as Part of Interchange		4 Five-Point or More Intersection as Part of Interchange		4 Five-Point or More Intersection as Part of Interchange	
5 Traffic Circle		5 Traffic Circle		5 Traffic Circle		5 Traffic Circle	
6 Roundabout		6 Roundabout		6 Roundabout		6 Roundabout	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Incident Type		Unit 1		Unit 2		Road Character	
00		00		00		00	
00 Not an Incident		00 Not an Incident		00 Not an Incident		00 Not an Incident	
01 Private Property		01 Private Property		01 Private Property		01 Private Property	
02 Deliberate Intent		02 Deliberate Intent		02 Deliberate Intent		02 Deliberate Intent	
03 Medical Condition		03 Medical Condition		03 Medical Condition		03 Medical Condition	
04 Legal Intervention		04 Legal Intervention		04 Legal Intervention		04 Legal Intervention	
05 Suicide		05 Suicide		05 Suicide		05 Suicide	
06 Drowning		06 Drowning		06 Drowning		06 Drowning	
07 Other		07 Other		07 Other		07 Other	
08 Other		08 Other		08 Other		08 Other	
Location of First Harmful Event		Unit 1		Unit 2		Road Surface Type	
01		01		01		01	
01 On Roadway		01 On Roadway		01 On Roadway		01 On Roadway	
02 Shoulder		02 Shoulder		02 Shoulder		02 Shoulder	
03 Median		03 Median		03 Median		03 Median	
04 Roadside		04 Roadside		04 Roadside		04 Roadside	
05 Gore		05 Gore		05 Gore		05 Gore	
06 Separator		06 Separator		06 Separator		06 Separator	
07 Parking Lane/Zone		07 Parking Lane/Zone		07 Parking Lane/Zone		07 Parking Lane/Zone	
08 Off Roadway, Location Unknown		08 Off Roadway, Location Unknown		08 Off Roadway, Location Unknown		08 Off Roadway, Location Unknown	
09 Outside Right-of-Way		09 Outside Right-of-Way		09 Outside Right-of-Way		09 Outside Right-of-Way	
10 Other		10 Other		10 Other		10 Other	
99 Unknown		99 Unknown		99 Unknown		99 Unknown	
Driver Distracted by		Unit 1		Unit 2		Road Surface Type	
0		0		0		0	
0 Not Applicable/None		0 Not Applicable/None		0 Not Applicable/None		0 Not Applicable/None	
1 Electronic Communication Devices		1 Electronic Communication Devices		1 Electronic Communication Devices		1 Electronic Communication Devices	
2 Other Electronic Device		2 Other Electronic Device		2 Other Electronic Device		2 Other Electronic Device	
3 Other Inside Vehicle		3 Other Inside Vehicle		3 Other Inside Vehicle		3 Other Inside Vehicle	
4 Other Outside Vehicle		4 Other Outside Vehicle		4 Other Outside Vehicle		4 Other Outside Vehicle	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	
Road Surface Type		Unit 1		Unit 2		Road Surface Type	
2		2		2		2	
1 Concrete		1 Concrete		1 Concrete		1 Concrete	
2 Asphalt		2 Asphalt		2 Asphalt		2 Asphalt	
3 Gravel		3 Gravel		3 Gravel		3 Gravel	
4 Dirt		4 Dirt		4 Dirt		4 Dirt	
5 Brick		5 Brick		5 Brick		5 Brick	
6 Other		6 Other		6 Other		6 Other	
9 Unknown		9 Unknown		9 Unknown		9 Unknown	

Case Number AR00519-15

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Latitude 35.3415	N	Longitude -97.4928	W	Railroad Crossing Number	Roadway Orientation Unit Number 01 NE SW N	Unit Number 02 NE SW N
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SPECIALIZED DIAGRAM UTILIZED

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	17	34	00	34	34
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway

21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision
PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle In Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object
FIXED OBJECT:
40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

Remarks

UNIT 1 WAS TRAVELING SOUTH ON INTERSTATE 35 NORTH IN THE INSIDE LANE TRAVELING THE WRONG WAY. UNIT 2 WAS TRAVELING NORTH ON INTERSTATE 35 NORTH IN THE INSIDE LANE. UNIT 1 STRUCK UNIT 2 WITH VEHICLE'S FRONT ON UNIT 2'S FRONT. UNIT 2 THEN TRAVELS THROUGH THE MIDDLE AND OUTSIDE LANE STRIKING UNITS 3 AND 4.

AOI (UNITS 1 AND 2) WAS APPROXIMATELY 2430' SOUTH OF THE SOUTH EDGE OF 12 TH STREET AND APPROXIMATELY 5' EAST OF THE WEST EDGE OF INTERSTATE 35 NORTH.

AOI OTHER UNITS UNKNOWN- NOT ENOUGH PHYSICAL EVIDENCE TO DETERMINE.

AOR (UNIT 1) WAS APPROXIMATELY 2580' SOUTH OF THE SOUTH EDGE OF 12TH STREET AND APPROXIMATELY 10' EAST OF THE WEST EDGE OF INTERSTATE 35 NORTH.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) AR00519-15		Motor Vehicles Involved 04		Number Injured 04		Number Killed 01					
(2) Date of Collision (mm/dd/yyyy) 03/14/2015		Time 2341		County Number and Name 14 CLEVELAND		Nearest City or Town Number and Name 10 MOORE							
(3) Distance from Nearest City or Town Limits ML <input type="checkbox"/> FL <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/>		Control # 00		Int ID 00		Location 00		East Grid 019		North Grid 056		Administrative 6 PARIS	
(4) Street, Road or Highway INTERSTATE 35 NORTH		Distance from 0005		Mile <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Nearest Intersecting Street, Road or Highway N. 12TH STREET							
(5) Unit 03		Occupants 01		Type D		Last Name WRIGHT		First DARBY		Middle RAE		Date of Birth (mm/dd/yyyy) 1996	
(6) Address [REDACTED]		City OKLAHOMA CITY		State OK		Zip 73102		Telephone (Use Area Code) [REDACTED]					
(7) Driver License Number B083322639		State OK		Class D		Endorsement(s) [REDACTED]		Restriction(s) 2		Inj. Sev. 1,4		Type of Injury 01	
(8) Ejected 1		Extricated 1		Test 1		(% BAC) 0		Transported by REFUSED		To Medical Facility [REDACTED]		License Plate Number [REDACTED]	
(9) VIN 3GND13D665506511		Vehicle Year 2006		Color PLE		2nd Color 0		Make CHEV		Model HHR		Veh. Conf. 02	
(10) Insurance Company Name 3 STATE FARM		Policy Number 3623170101		Insurance Telephone (Use Area Code) 9									
(11) Vehicle Removed by OWNER		Owner's Last Name WRIGHT		First DARBY		Middle [REDACTED]		Suffix [REDACTED]					
(12) Owner's Address [REDACTED]		City OKLAHOMA CITY		State OK		Zip 73102		Towed Veh. Type 00		Oversized Load 0		Rollover [REDACTED]	
(13) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]		Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]							
(14) Unit 04		Occupants 01		Type D		Last Name WALLACE		First AARON		Middle LEE		Date of Birth (mm/dd/yyyy) 1975	
(15) Address [REDACTED]		City MOORE		State OK		Zip 73160		Telephone (Use Area Code) [REDACTED]					
(16) Driver License Number K081659209		State OK		Class D		Endorsement(s) [REDACTED]		Restriction(s) 1		Inj. Sev. 0		Type of Injury 01	
(17) Ejected 1		Extricated 1		Test 1		(% BAC) 0		Transported by [REDACTED]		To Medical Facility [REDACTED]		License Plate Number [REDACTED]	
(18) VIN JTDKDTB31D153372A		Vehicle Year 2013		Color SIL		2nd Color 0		Make TOYT		Model PRIS		Veh. Conf. 02	
(19) Insurance Company Name 3 STATE FARM		Policy Number 3621696707		Insurance Telephone (Use Area Code) 9									
(20) Vehicle Removed by [REDACTED]		Owner's Last Name WALLACE		First AARON		Middle LEE		Suffix [REDACTED]					
(21) Owner's Address [REDACTED]		City MOORE		State OK		Zip 73160		Towed Veh. Type 00		Oversized Load 0		Rollover [REDACTED]	
(22) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]		Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]							
(23) Investigating Officer Jason Owens		Badge Number 794		Typ/Div. Assigned A		Typ/Div. Location A		Reviewer (Init.) JL		Reviewer Badge Number 148		Date of Report (mm/dd/yyyy) 03/15/2015	
Unit Type D Driver P Pedestrian X Passenger C Conveyance B Bicycle		Injury Severity 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 6 Unknown		Type of Injury 0 N/A 1 Trunk-Internal 2 Trunk-External 3 Legs 4 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs 05 Under the Influence of 06 Drugged 07 Seized 08 Drowsy 09 Drowsy/Fatigued 10 Emotionally Disturbed 11 Other 99 Unknown		Occupant Protection (OP) in Use 00 Not Applicable 01 Not Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint - Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown					
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (e.g., air bag, etc.) 5 Deployment Unknown		Ejected 0 Not Applicable 1 Ejected 2 Ejected - Partially		Extricated 0 N/A 1 No 2 Yes		Chemical Test 0 N/A 1 Test Refused 2 Blood 3 Blood/Other		Extent of Damage 0 N/A 1 Minor 2 Moderate 3 Severe 4 Destroyed 5 Unknown		Insurance Verification 0 N/A 1 Operator 2 Operator 3 Operator 4 Operator 5 Operator 6 Operator 7 Operator 8 Operator 9 Operator 0 Other 1 Other 2 Other 3 Other 4 Other 5 Other 6 Other 7 Other 8 Other 9 Other		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 House Trailer 05 Another Vehicle 06 Utility Trailer 07 Horse Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

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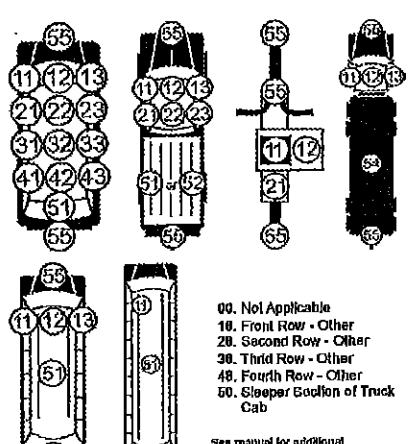
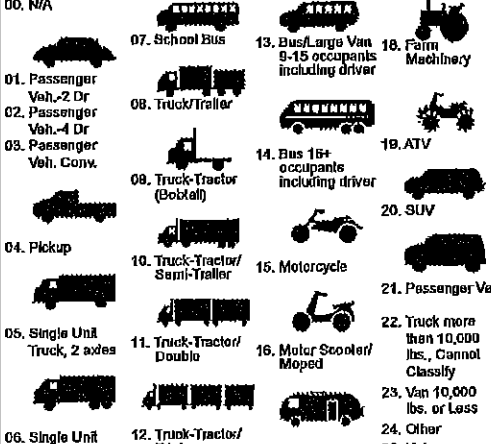
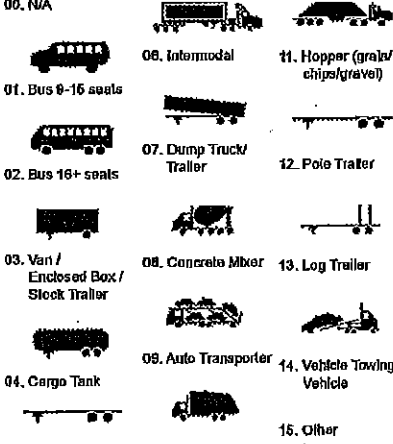
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(24) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	00	WESLEY	JESSIE	D		07/10/1950	F
(25) Address		City		State	Zip	Telephone (Use Area Code)			
[REDACTED]		OKLAHOMA CITY		OK	73120	[REDACTED]			
(26) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(27) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	00	WILKINS	BYRON	J		05/06/1981	M
(28) Address		City		State	Zip	Telephone (Use Area Code)			
[REDACTED]		HARRAH		OK	73045	[REDACTED]			
(29) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(30) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	00	U-102: SCOTT	D.				0
(31) Address		City		State	Zip	Telephone (Use Area Code)			
[REDACTED]		MOORE		OK	73160	[REDACTED]			
(32) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(33) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	00	E-2: MOORE	C.				0
(34) Address		City		State	Zip	Telephone (Use Area Code)			
[REDACTED]		MOORE		OK	73160	[REDACTED]			
(35) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type

Complete information below if this vehicle is being used for COMMERCE BUSINESS and has a GVW/GCWR IN EXCESS OF 10,000 LBS. or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR FIVE OR MORE INCLUDING THE DRIVER.

(36) Unit		Carrier Name	Address	
(37) City		State	Zip	
(38) U.S. DOT Number		NASIS Report Number	Placard Number	
		OK		
(39) Unit		Carrier Name	Address	
(40) City		State	Zip	
(41) U.S. DOT Number		NASIS Report Number	Placard Number	
		OK		

Position in Vehicle  <p>00. Not Applicable 10. Front Row - Other 20. Second Row - Other 30. Third Row - Other 40. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>		Vehicle Configuration  <p>00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Tractor 09. Truck-Tractor (Boatall) 10. Truck-Tractor/Tractor 11. Truck-Tractor/Double 12. Truck-Tractor/Triples 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown</p>		Cargo Body Type  <p>00. N/A 01. Bus 9-16 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Tractor 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown</p>	
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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 7 of 10

Unit	Total Lanes In Roadway	Legal Speed	Pedestrian / Pedalcyclist Only	Location of Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
This unit will correspond to "Unit 1"	03	60					Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	
This unit will correspond to "Unit 2"	04	60							
Light	3	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 8 Other 9 Unknown	01	00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	Trafficway Unit 1: 4 Unit 2: 4 0 Not Applicable 1 One Way 2 Two-Way - Not Divided 3 Two-Way - Divided 4 Two-Way - Divided - Positive Median Barrier 5 Turn Lane 6 Ramp / Loop 7 Driveway 8 Alley / Parking Lot 9 Unknown		
Weather	01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unsafe / Unlawful Contributing Factors Unit 1: 98 Unit 2: 98 FAILED TO YIELD 01 From Stop Sign 02 From Yield Sign 03 Private Drive 04 County Road at Through Highway 05 From Signal Light 06 From Alley 07 To Pedestrian 08 To Vehicle on Right 09 To Vehicle in Intersection 10 To Emergency Vehicles 12 Other FOLLOWED TOO CLOSELY 13 Human Element 14 Traffic Condition 15 Weather Condition UNSAFE SPEED 16 Driver's Ability (Aged) 17 Inexperienced Driver - Young 18 Exceeding Legal Limit 19 For Traffic Conditions 20 For Type of Roadway (Gravel, Dirt, etc.) 21 For Ice or Snow on Roadway 22 Rain or Wet Roadway 23 Wind 24 Other Weather Conditions 25 Vehicle Condition 26 View Obstruction 27 On Curve/Turn 28 Impeding Traffic 29 Other IMPROPER TURN 30 From Wrong Lane 31 From Direct Course 32 Right 33 Left 34 Turn About/U-Turn 35 To Enter Private Drive 36 In Front of Oncoming Traffic 37 Other 38 CHANGED LANES UNSAFELY 39 STOPPED IN TRAFFIC LANE FAILED TO STOP 40 For Stop Sign 41 For Traffic Signal 42 For School Bus 43 For Railroad Gates/Signal 44 For Officer/Flagman 45 At Sidewalk/Stopline 46 Other UNSAFE VEHICLE 47 Brakes 48 Steering 49 Tires 50 Suspension 51 Headlights 52 Tail Lights 53 Stop Lights 54 Wheel 55 Exhaust System 56 Windshield Wipers 57 Other Mechanical Defects LEFT OF CENTER 58 In Meeting 59 No Passing Zone (Unmarked) 60 Marked Zone 61 Other IMPROPER OVERTAKING 62 In Marked Zone 63 On Hill/Curve 64 At Intersection 65 Without Sufficient Clearance 66 Other IMPROPER PARKING 67 On Roadway 68 Where Prohibited 69 Other INATTENTION 70 Distracted by Passenger in Vehicle 71 Other Distraction Inside Vehicle 72 Distraction From Outside Vehicle 73 Other WRONG WAY 74 On One Way 75 On Exit Ramp 76 On Entrance Ramp 77 Other IMPROPER START FROM 78 Parked Position 79 Other 80 ALCOHOL-DUI/DWI 81 DRUG-DUI OTHER IMPROPER ACT/ MOVEMENT 82 Failed to Signal 83 Disregarded Warning Signal 84 Improper Use of Lane 85 Improper Backing 86 Apparently Sleepy 87 Failed to Secure Load 88 Other/Unknown UNKN./NO IMPROPER ACT 89 Deer in Roadway 90 Animal in Roadway 91 Domestic Animal in Rdwy 92 Avoiding Other Vehicle 93 Avoiding Pedestrian 94 Object/Debris in Roadway 95 Defect in Roadway 96 Abnormal Traffic Control 97 Improper Bicyclist Action 98 NO IMPROPER ACTION BY DRIVER 99 PEDESTRIAN ACTION		
Locality	2	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Unit 1: 01 Unit 2: 01	Vehicle Removal Unit 1: 1 Unit 2: 4 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed For Reasons Other Than Damage 3 Remained at Scene 4 Driven from Scene 9 Unknown		
Type of Intersection	0	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Vehicle Condition Unit 1: 01 Unit 2: 01 00 Not Applicable 01 Apparently Normal 02 Brakes 03 Headlights 04 Steering 05 Tail Lights 06 Brake Lights 07 Tires/Wheels 08 Suspension 09 Signal lights 10 Windows 11 Truck Coupling/Trailer Hitch/Safety Chains 12 Mirrors 13 Wipers 14 Power Train 15 Other		
Incident Type	00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Road Surface Conditions Unit 1: 01 Unit 2: 01 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 Mud, Dirt, Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown		
Location of First Harmful Event	01	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Unit 1: 00 Unit 2: 00	Road Character Unit 1: 1 Unit 2: 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		
Driver Distracted by	0	Unit 1: 0 Unit 2: 0	Unit 1: 0 Unit 2: 0	Unit 1: 0 Unit 2: 0	Unit 1: 0 Unit 2: 0	Unit 1: 0 Unit 2: 0	Road Alignment Unit 1: 1 Unit 2: 1 1 Straight 2 Curve - Left 3 Curve - Right		
Point of First Contact on Vehicle	11	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2: 0 0 N/A 1 Yes 2 No 9 Unknown		
Most Damaged Area	11	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Unit 1: 11 Unit 2: 12	Road Surface Type Unit 1: 2 Unit 2: 2 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown		

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Latitude 35.3415 Longitude -97.4928 Railroad Crossing Number W Roadway Orientation Unit Number 03 NE N SW N Unit Number 04 NE N SW N



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
03	34	17	00	00	34	34
04	38	00	00	00	38	

00 Not Applicable	21 Fell/Jumped From Motor Vehicle	37 Work Zone/Maintenance Equipment	56 Pavement Drop-Off
10 Overturn/Rollover	22 Thrown Or Falling Object	38 Other Non-Fixed Object	57 Ditch
11 Fire/Explosion	23 Other Non-Collision	FIXED OBJECT:	58 Embankment
12 Immersion	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:	40 Barrier (Cable)	59 Tree (Standing)
13 Jackknife	30 Pedestrian	41 Barrier (Concrete)	60 Dividing Strip
14 Cargo/Equipment Loss or Shift	31 Pedal Cycle	42 Barrier (Other)	61 Retaining Wall
15 Equipment Failure (Blown Tire, Brake Failure, etc.)	32 Railway Vehicle (train, engine)	43 Fence Pole	62 Bridge Abutment
16 Separation of Units	33 Animal	44 Fence	63 Bridge Pier or Support
17 Departed Road Right	34 Motor Vehicle In Transport	45 Traffic Signal Support	64 Bridge Rail
18 Departed Road Left	35 Parked Motor Vehicle	46 Traffic Sign Support	65 Bridge Post
19 Cross Median/Centerline	36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle	47 Utility Pole/Light Support	66 Bridge Curb
20 Downhill Runaway		48 Other Post/Pole/Support	67 Bridge Super Structure (Beams)
		49 Guardrail/Guardrail Face	68 Bridge Overhead Structure
		50 Guardrail End	69 Delineator
		51 Culvert	70 Mailbox
		52 Curb	71 Other Fixed Object
		53 Island	72 Other Highway Structure
		54 Sand Barrels	73 Ground
		55 Impact Attenuator/ Crash Cushion	99 Unknown

Remarks

AOR (UNIT 2) WAS APPROXIMATELY 2345' SOUTH OF THE SOUTH EDGE OF 12TH STREET AND APPROXIMATELY 37' EAST OF THE WEST EDGE OF INTERSTATE 35 NORTH.

AOR (UNIT 3) WAS APPROXIMATELY 2463' SOUTH OF THE SOUTH EDGE OF 12TH STREET AND APPROXIMATELY 38' EAST OF THE WEST EDGE OF INTERSTATE 35 NORTH.

AOR (UNIT 4) WAS APPROXIMATELY 2441' SOUTH OF THE SOUTH EDGE OF 12TH STREET AND APPROXIMATELY 36' EAST OF THE WEST EDGE OF INTERSTATE 35 NORTH.

UNIT 1'S DRIVER WAS TESTED AND HIS BAC WAS .15

A SPECIALIZED DIAGRAM IS AVAILABLE AT TROOPA.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

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Case Number AR00519-15OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
PERSONS SUPPLEMENTALPg 9 of 10

(42) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-2: DAVIS	D.				0
(43) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK					
(44) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(45) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-2: COLCLASUAE	B.				
(46) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(47) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(48) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-2: MERON	A.				
(49) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(50) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-4: KIDD	K.				
(52) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(53) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(54) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-4: JONES	J.				
(55) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(56) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(57) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-4: HUFFMAN	D.				
(58) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(59) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	E-4: MONSEY	B.				
(61) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(62) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	MEDIC 3: EAST	JESSICA		-PARAMEDIC		
(64) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(65) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	P.O.V. : LEDFORD	BOBBIE JO		-E.M.T.		
(67) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(68) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

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Case Number AR00519-15

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT PERSONS SUPPLEMENTAL

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(42) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	MEDIC 11: YELLOPE	MIKE	-	PARAMEDIC		
(43) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(44) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(46) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	MEDIC 11: LEWIS	BONNIE JO	-	E.M.T.		
(46) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(47) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(48) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	MEDIC 3: GRIFFITH	DALE	-	E.M.T.		
(48) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(50) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	P.O.V. : LALLY	CHRISTOPHER		PARAMEDIC		
(52) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>	MOORE		OK	73160				
(53) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(54) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(55) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(56) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(57) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(58) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(59) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(61) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(62) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(64) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(65) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(67) Address	City		State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(68) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

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